Application for Approved Provider or Affiliate Provider of Sex Offender Outpatient Services

Name:_____ Date of Application:_____

Agency/Clinic Affiliation (if any)_____

Agency/business owner:_____

Address of agency:_____ phone number:(___)_____

_____

Address

_____ _____ _____

City State Zip code

E-mail address:_____

is applying for (check one):
Approved Provider_____ Approved Affiliate Provider _____ Approved Evaluator _____ recognition by the Utah Department of Corrections.

Approved Provider Applicants: the following is required

- Read and agree to the UDC (Utah Department of Corrections) Sex Offender Outpatient Treatment Provider Parameters
- Enclose a complete program description
- A completed application for Approved provider or affiliate provider of sex offender outpatient services
- Enclose a notarized Certificate of Compliance
- Enclose an approved provider/affiliate agreement (reminder to initial each item)
- Approved Provider for Evaluations only, will be a psychologist and can skip numbers 3-5, while abiding by APA ethics and standards

Affiliate Provider Applicants: the following is required

- Read and agree to the UDC (Utah Department of Corrections) Sex Offender Outpatient Treatment Provider Parameters
- Enclose a complete program description
- A completed application for Approved provider or affiliate provider of sex offender outpatient services
- Enclose an approved provider/affiliate agreement (reminder to initial each item)

1. Licensure:_____

   (attach photocopy of current Utah license (s)

2. Educational Background (graduate only):_____

_____

3. **Non-licensed affiliate candidates**: describe your current status that qualifies your application for an affiliate provider as per the Utah Department of Corrections professional qualification found in the Sex Offender Outpatient Treatment Provider Parameters.

_____

_____

4. **Affiliate applicant:** Attach copies of a current graduate student university transcript and/or an internship transcript or other official documentation from your university clearly documenting your status.

5. **Approved provider only/not required for affiliate status:** Hours of direct clinical experience over the past three years to include a minimum of 1500 hours, with 375 hours in sex offender evaluation. (This should be a direct evaluation experience such as: supervision exclusively focused on sex offender assessment or evaluation; progress reports; progress interviews; administration and/or interpretation of risk assessment instruments, PPG, and other psychological or sex specific testing utilized in a psycho-sexual evaluation). The treatment and evaluation experience should be documented on the CERTIFICATION OF COMPLIANCE. The Certification of Compliance will need to be notarized and included in your application packet. Source documentation must be available for inspection, if requested. Please note, progress notes and clinical staff meetings will not be included in the area of sex offender evaluation.

6. A minimum of 40 hours of continuing education credits (CEU's) received in the past three years is required for application of approved provider status. A minimum of 30 hours of the training must be sex offender specific training related to treatment, evaluating, testing, interviewing etc. The sex offender specific training must be specifically titled with training content for sexual offenders. The remaining 10 hours can be general clinical training for a combined total of at least 40 hours. All 40 hours or more may be sex offender specific training. An applicant applying toward recognition as an affiliate provider is not required to have the 40 hours of training on the first application. An affiliate provider or an approved provider reapplying to renew their status, are required to have 40 CEU hours for the reapplication.

Sex offender specific training

Date of training	CEU's	Subject	Instructor(s) & credentials

(continued) Sex offender specific training

Date of training	CEU's	Subject	Instructor(s) & credentials
		Total sex offender specific CEU's	

General clinical training

Date of training	CEU's	Subject	Instructor(s) & credentials

		Total general clinical training (10 hours may be applied to the 40 hours of required training	

(Please attach verification of formal training. Use additional sheets as needed)

7. Please attach a complete description of your treatmentt program, clearly identifying the Intake, Standard and Intensive components and aftercare.

8. Please list any criminal convictions, licensing actions, ethical questions or complaints:

9. Affiliate Provider Candidates, complete sections A and B. Providers skip to number 10.

Signatures.

a. Name of Approved Provider supervising work:

b. Please have your Approved Provider read and sign the following statement:
I certify that I am an Approved Provider for Outpatient Sex Offender Treatment for offenders under the supervision of the Utah Department of Corrections, Division of Field Operations, and have read and understand the criteria adopted by the Division. I further certify that I will provide a minimum of one hour of supervision for every forty hours of direct client contact the Affiliate Provider shall provide. Furthermore, I shall provide verification of this supervision to the Department upon request.

Approved Provider Signature
(For Affiliate Candidates only)

Date

10. Signatures: please sign and date your application.

Signature of Applicant

Date